

Name  
in  
Full

Arthur Astorpe 13 arker

## CERTIFICATE OF DEATH

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

May

19

Age

18

8

—

Sex

Male

Color or  
Race

White

Birth-  
place

Ohio

Married, Single  
or Widowed

Single

Occupation

Midshipman U.S.N.

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Records Naval Academy

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Drowning

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

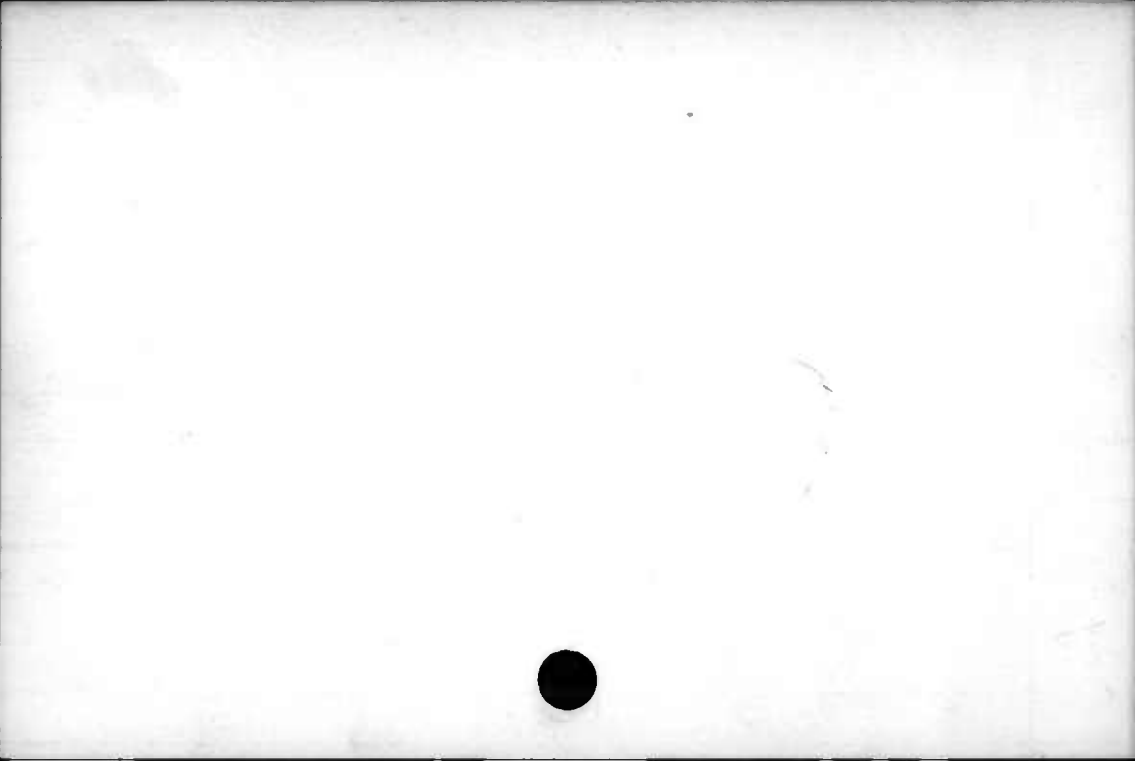
Address

George Fredrick  
Singer, U.S.Navy

Accident or Suicide?

Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
B		5	2	2	2	4	
Sex		Color or Race		Birth-place			
Female		Colored		Annapolis			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Jeane Buttery							
Mother's Maiden Name				Mother's Birthplace			
Blanche Thomas				8			
Name of person giving information				How related to deceased			
Martha Thomas							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	Several
Immediate	Bronchitis	How long	weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm S Welch	
		Address	
		Annapolis	
		Md	
Accident or Suicide?			



Name  
in  
Full

Benjamin Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bayard</u> <sup>Town</sup>		<u>all</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>5</u>	Age <u>—</u>	Months <u>51</u>	Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth- place <u>Bayard</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Benny Blake</u>			Father's Birthplace <u>Calvert Co</u>		
Mother's Maiden Name <u>Mary Beeson</u>			Mother's Birthplace <u>Pr &amp; S. Co</u>		
Name of person giving In formation <u>father</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Convulsion</u> <u>71</u>	How long	<u>51 months</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Isaiah Palmer</u>
		Address	<u>West River Rd</u>
Accident or Suicide?	<u>Neither</u>		



Name  
in  
Full

Frank O. Booth

## CERTIFICATE OF DEATH

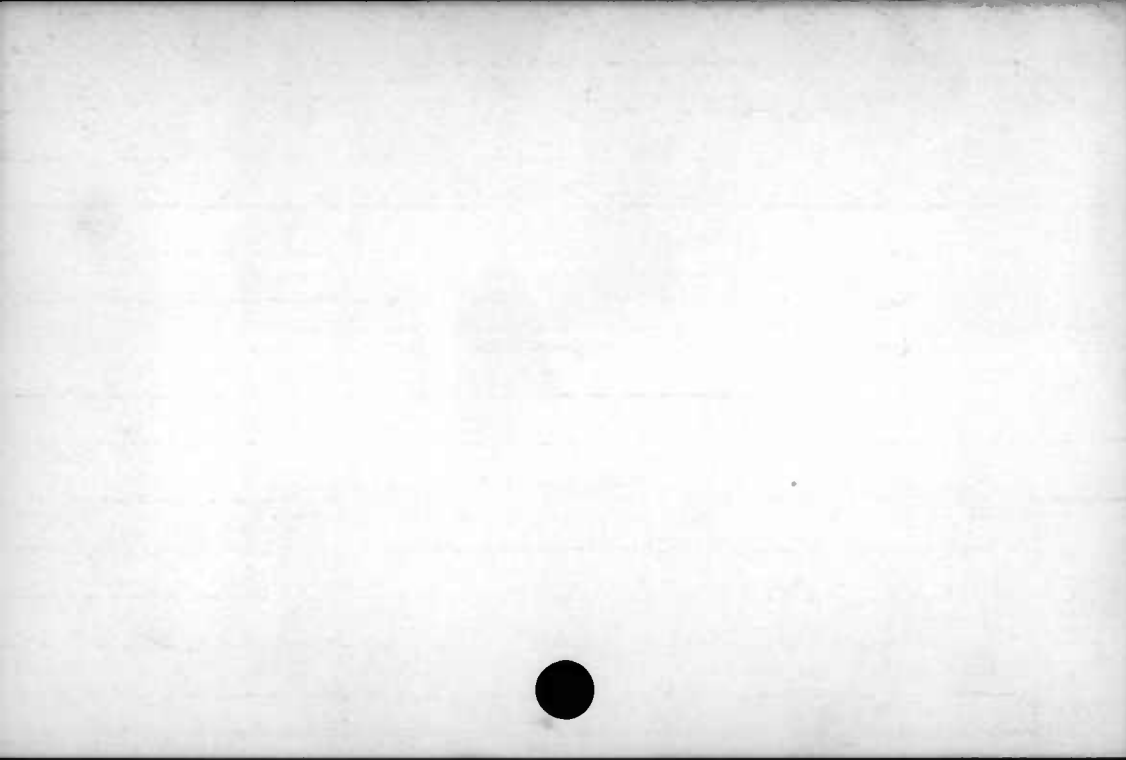
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>MD House of Correction Jessup, Anne Arundel</i>		County		MARYLAND		
Date of death 190	<i>3</i>	Month <i>5</i>	Day <i>24</i>	Years <i>26</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>MD</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>				
Name of Wife or Husband						
Father's Name <i>93</i>			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving in formation			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Syncope</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. P. Carrico</i>
<i>Yes</i>	Address <i>Physician in Charge of MD House of Correction - Jessup, MD</i>
Accident or Suicide?	





Priscilla Brown

Died at <sup>Town</sup> Williams <sup>County</sup> Anne Arundel MARYLAND

Date 19 <sup>Month</sup> 03 <sup>Day</sup> May 10 Age <sup>Y.</sup> 90 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Anne Arundel <sup>Occupation</sup> Col'd Housekeeper

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of

~~Wife~~

Father's Name John Brown Mother's Maiden Name Unknown

Cause of Death { Primary Old Age How long sick a few minutes  
 Immediate Heart disease Accident, Suicide, Homicide

Reported by C. R. Winterison  
 Address Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.



Name in Full		Richard Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1903		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Pneumonia 93			How long	
	Immediate		Asthma			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		John Ridout M.D.	
	yes			Address		Annapolis Md	
	Accident or Suicide?						



Name  
in  
Full

Wm. Brown

## CERTIFICATE OF DEATH

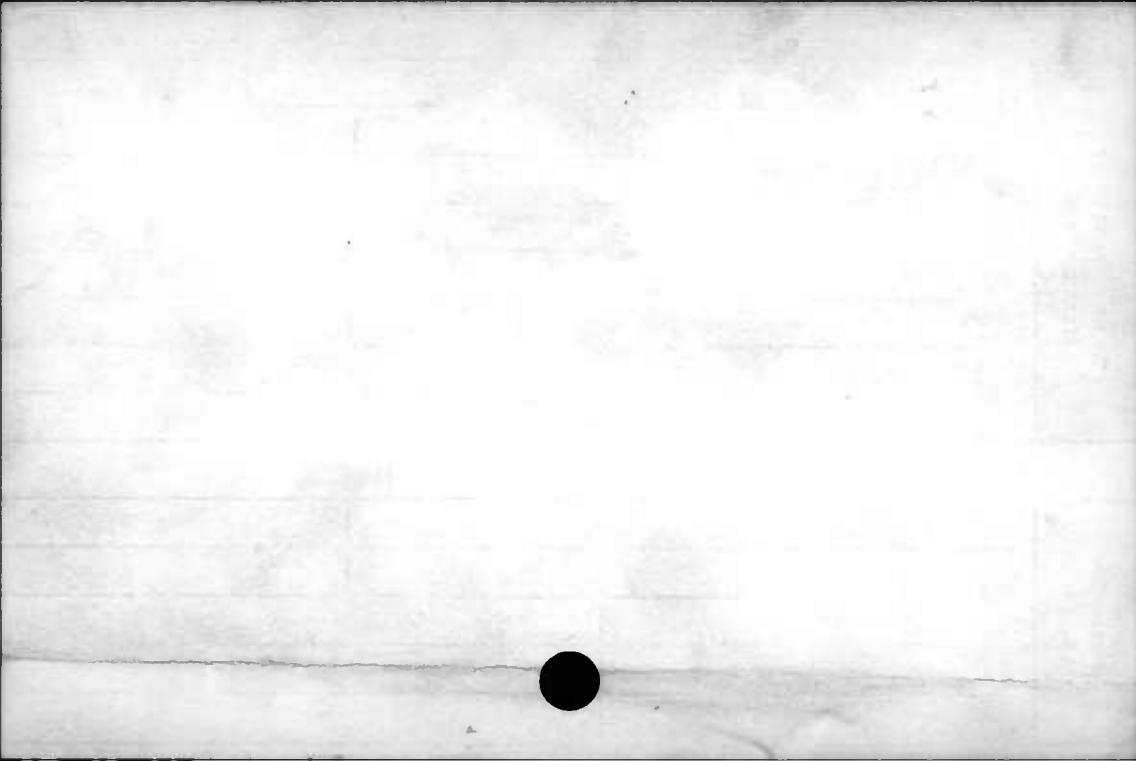
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>West Annapolis</b> <sup>Town</sup>		<b>Anne Arundel</b> <sup>County</sup>		<b>MARYLAND</b>	
Date of death 1903	Month <b>May</b>	Day <b>10</b>	Age <b>30</b> <sup>Years</sup>	Months	Days
Sex <b>male</b>	Color or Race <b>yellow African</b>		Birth-place <b>Annapolis</b>		
Married, Single or Widowed	<b>Single</b>		Occupation <b>Laborer</b>		
Name of Wife or Husband					
Father's Name <b>William W. Brown</b>			Father's Birthplace <b>West River</b>		
Mother's Maiden Name <b>Hester Anderson</b>			Mother's Birthplace <b>Christfield</b>		
Name of person giving information <b>Hester Brown</b>			How related to deceased <b>Mother</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Accidental Choking</b>	How long	<b>172</b>
Immediate	<b>Accidental Choking</b>	How long	<b>ack Cor.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Samuel S. Hatch Jr</b>	
Acting Coroner <b>Chas. W. Brown</b>		Address <b>East End Ck</b>	
Accident or Suicide? <b>Accidental Choking</b>			



Name  
in  
Full

Richard Bridget

## CERTIFICATE OF DEATH

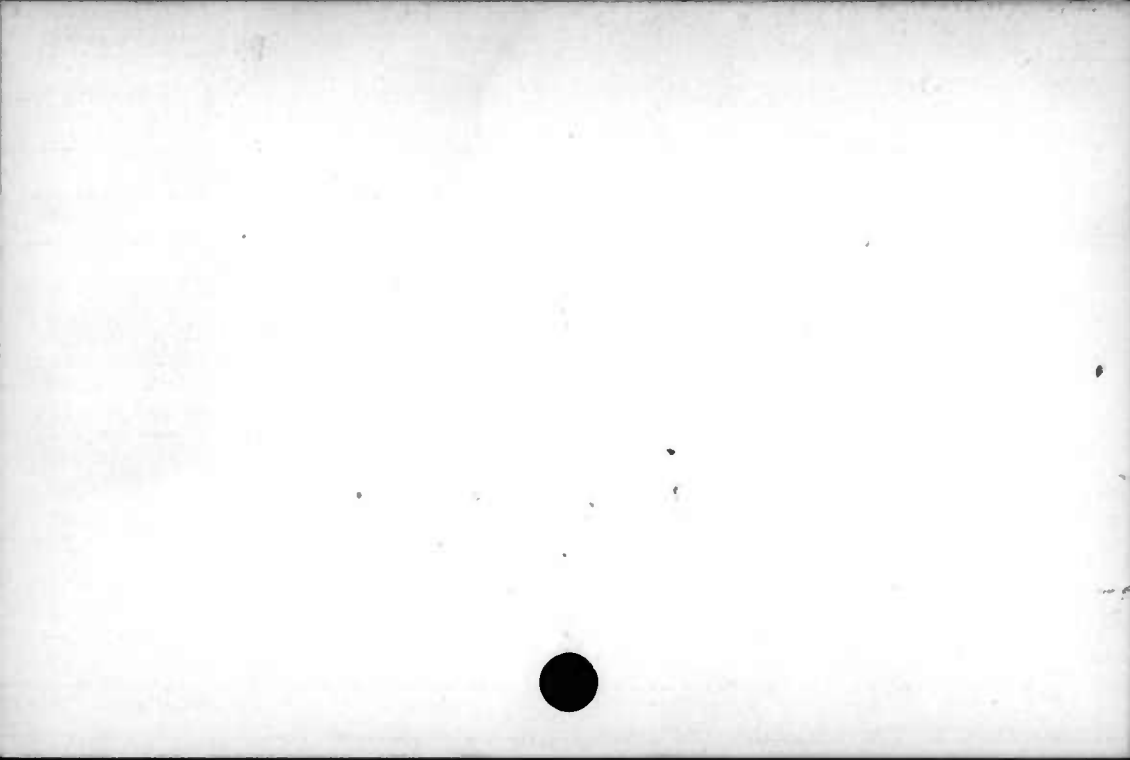
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>So. Balto.</i> <sup>Town</sup>		<i>a. a.</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>13</i>	Age <i>2</i> <sup>Years</sup>	Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto. Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>for Bridget</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Brigada Kocavitch</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Brigada Bridget</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>4</i> <sup>days</sup>
Immediate <i>Pneumonia</i>	How long <i>5</i> <sup>days</sup>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. B. Horton MD</i>
	Address <i>So. Balto. Md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Glendora Burley</i>		Town <i>Annapolis</i>		County <i>AA</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>May</i>		Day <i>23<sup>rd</sup></i>		Age <i>6</i>	
Date of death 1903		Month <i>May</i>		Day <i>23<sup>rd</sup></i>		Age <i>6</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Wm Burley</i>				Father's Birthplace <i>AA County</i>			
Mother's Maiden Name <i>Emma Randall</i>				Mother's Birthplace <i>AA County</i>			
Name of person giving information <i>Mother</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>		How long <i>105</i>	
Immediate <i>Asthma</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Bidont</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Christopher Carpenter.

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date

1903.

Month

Day

to

Y.

M.

D.

Native of

Occupation

Date

May 13

Age

62

-

-

Store-keeper

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Father's

Name

Mother's

Name

Cause of

Primary

La Grippe + debility

How long sick

About 3 mos.

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

F. H. Thompson M.A.

Address

193 Church St.

Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988



Name  
in  
Full

Elenora Chaney

## CERTIFICATE OF DEATH

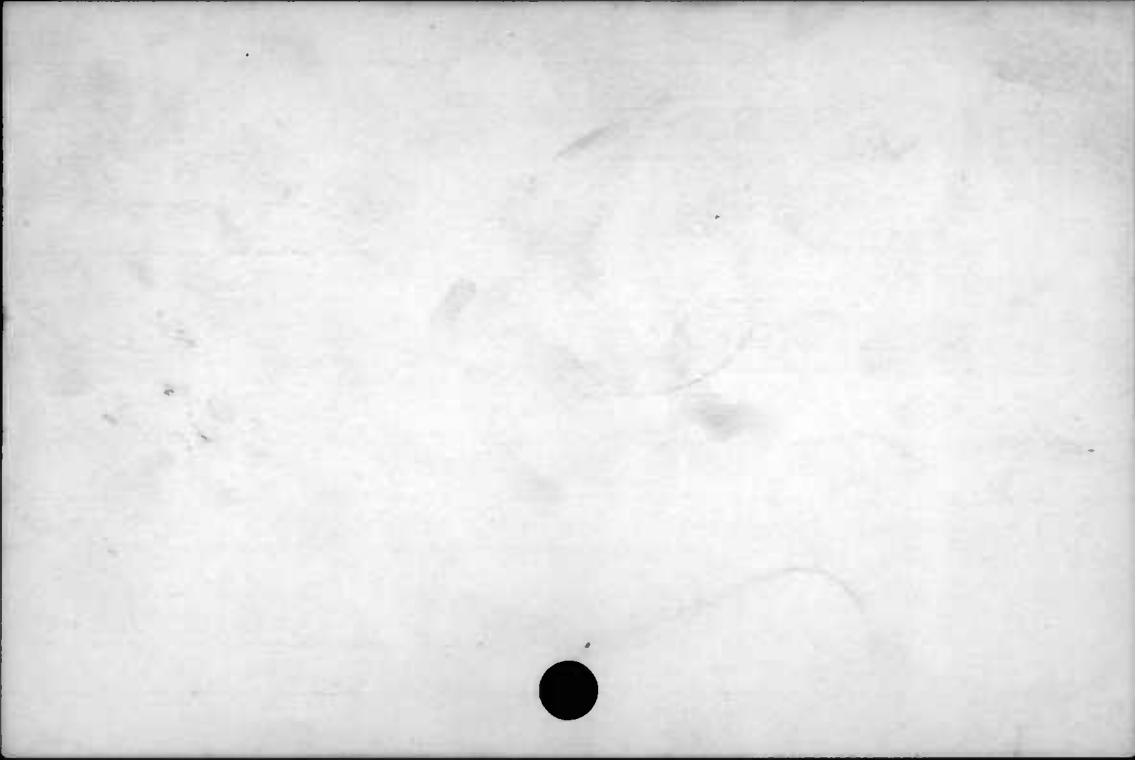
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eastport</i> <sup>Town</sup>		County <i>aa</i>		MARYLAND	
Date of death 1903	Month <i>5</i>	Day <i>8</i>	Age <i>aa</i> Years	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>C.A. Co.</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm L Chaney</i>			Father's Birthplace <i>aa Co.</i>		
Mother's Maiden Name <i>Lula Rodgers</i>			Mother's Birthplace <i>aa Co.</i>		
Name of person giving information <i>Wm L Chaney</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J J Murphy</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name  
in  
Full

Edward M. Clayton

## CERTIFICATE OF DEATH

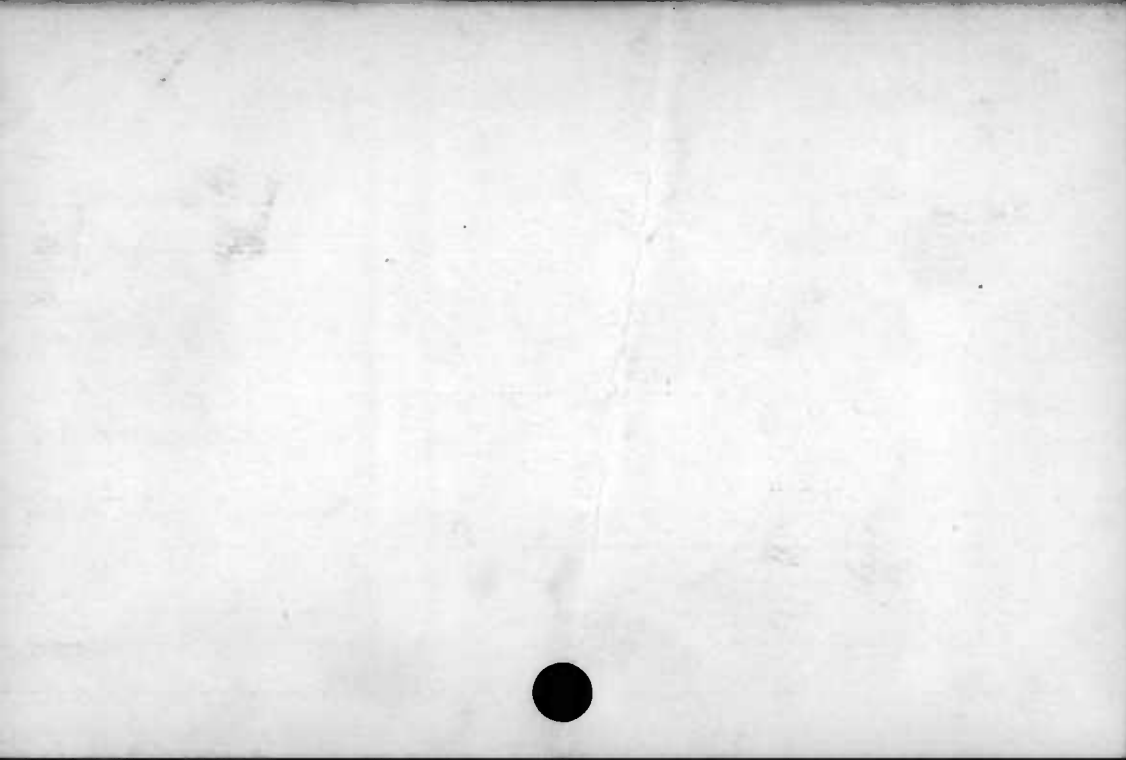
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lothian		County Anne Arundel		MARYLAND	
Date of death 1903		Month May	Day 20	Age —	Years —	Months —	Days 4
Sex Male		Color or Race White		Birth- place Lothian			
Married, Single or Widowed		Single		Occupation —			
Name of Wife or Husband							
Father's Name William Clayton				Father's Birthplace Lothian			
Mother's Maiden Name Sallie G. Clark				Mother's Birthplace Bristol			
Name of person giving Information Morris Talbot				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Convulsions		How long 4 days	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician L. W. Palmer M.D.	
		Address West River Md	
Accident or Suicide? Neither			





Name  
in  
Full

Thomas Calvin Cooney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>May</i>		Day <i>21<sup>st</sup></i>		Age <i>—</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Annapolis</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>									
Father's Name <i>Thomas Calvin Cooney</i>						Father's Birthplace <i>N.S.</i>			
Mother's Maiden Name <i>Emmie Pearl</i>						Mother's Birthplace <i>Flowerden</i>			
Name of person giving information <i>Teacher</i>						How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long <i>151</i>	
Immediate <i>Premature Birth</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo Wells</i>	
		Address <i>Annapolis</i>	
Accident or Suicide?		<i>Mo</i>	



Name  
in  
Full

Emma Pearl Cornuy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundell</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>22</i>	Age <i>26</i> Years	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Florida</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>Thomas Calvin Cornuy, Mrs</i>					
Father's Name <i>Wm James Wheat</i>			Father's Birthplace <i>Alabama</i>		
Mother's Maiden Name <i>Elizabeth Pearl</i>			Mother's Birthplace <i>Florida</i>		
Name of person giving information			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Three years</i>
Immediate <i>Premature Labor</i>	How long <i>Twelve hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. Wells</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>No,</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

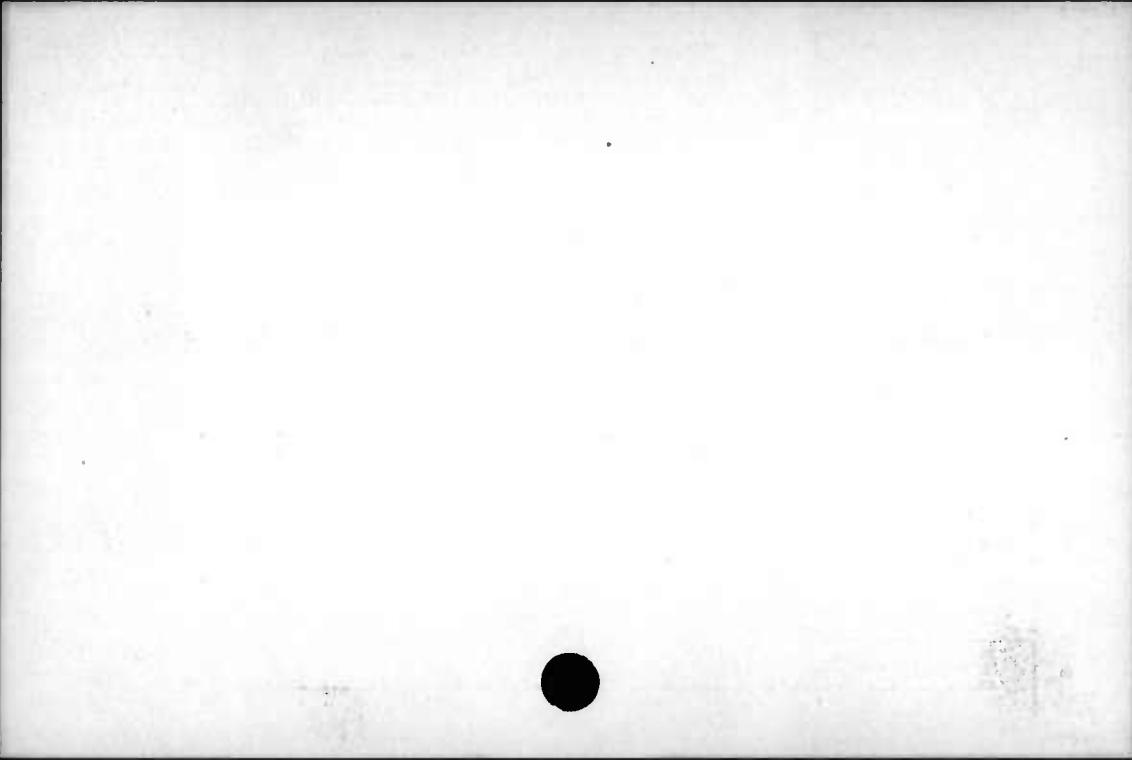
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>May</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>				
Married, Single or <del>Widowed</del>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel Day</i>				Father's Birthplace <i>Ann Arundel</i>			
Mother's Maiden Name <i>Louisa Holmes</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>J. A. Adams</i>				How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Since birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>birth</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, M.D.</i>	
<i>yes</i>		Address <i>Annapolis Md.</i>	
Accident or Suicide?			



Name

in  
Full

Morris E. Leavorth Eades

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Maconsville* <sup>County</sup> *Anarundel* **MARYLAND**

Date of death 190 <sup>Month</sup> *May* <sup>Day</sup> *11* <sup>Age</sup> *1* <sup>Years</sup> *2* <sup>Months</sup> *11* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Burke Bay*

Married, Single or Widowed *Single* Occupation *none*

Name of Wife or Husband *None*

Father's Name *William* Father's Birthplace *Anarundel Co.*

Mother's Maiden Name *Emma King* Mother's Birthplace *Anarundel Co.*

Name of person giving information *Mrs Wm. Eades* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *measles* *6* How long

Immediate *Pneumonia* How long *14 days*

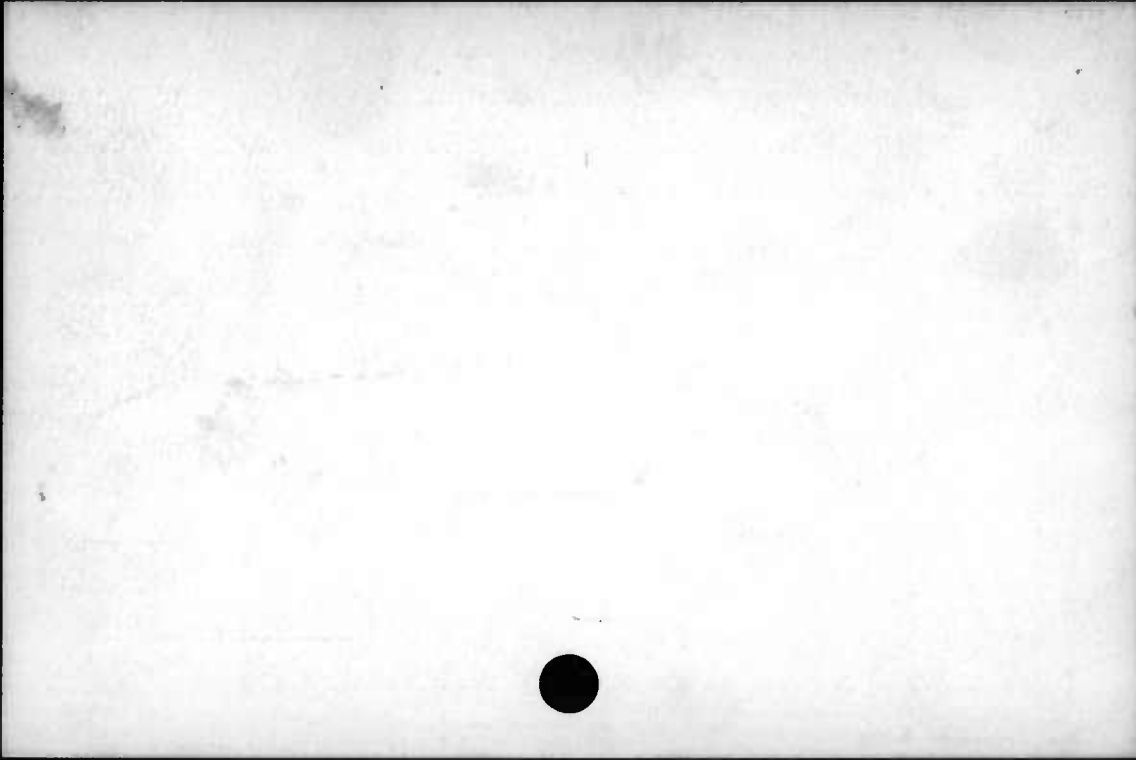
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. E. E. Eades*

Address *1412 Light St*

*Balto* *md*

Accident or Suicide? *No*





Name  
in  
Full

Alberto. Fletcher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Leamsh Port</u> <sup>Town</sup>		<u>Arden Annapolis</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>8</u>	Age <u>1</u>	Years <u>4</u>	Months <u>4</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Mea</u>		Days
Married, Single or Widowed <u>Single</u>			Occupation <u>_____</u>		
Name of Wife or Husband <u>_____</u>					
Father's Name <u>James Fletcher</u>			Father's Birthplace <u>_____</u>		
Mother's Maiden Name <u>Etta Williams</u>			Mother's Birthplace <u>Washington D.C.</u>		
Name of person giving information <u>Walter Williams Grandmother</u>			How related to deceased <u>Grandmother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis of spine</u>	How long <u>6 mos</u>
Immediate <u>_____</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Murphy</u>
	Address <u>_____</u>
Accident or Suicide? <u>_____</u>	



Name in Full

Not named - Green

Died at <sup>Town</sup> Williams <sup>County</sup> Anne Arundel MARYLAND

Date 19 <sup>Month</sup> 03 <sup>Day</sup> May 20 Age <sup>Y.</sup> 1 <sup>M.</sup> hour <sup>D.</sup> Native of Maryland Occupation

Male ~~Female~~ <sup>White</sup> ~~Colored~~ <sup>Married</sup> ~~Single~~ <sup>Widow</sup> ~~Widower <sup>Divorced</sup> Number of children living~~

Husband of

Wife

Father's Name John Green Mother's Name Lily Brandford

Cause of Death { Primary Immediate ~~Immediate~~ How long sick Accident, Suicide, Homicide

Reported by G. R. Winters and Address G. R. Winters Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Herman Griffith

## CERTIFICATE OF DEATH

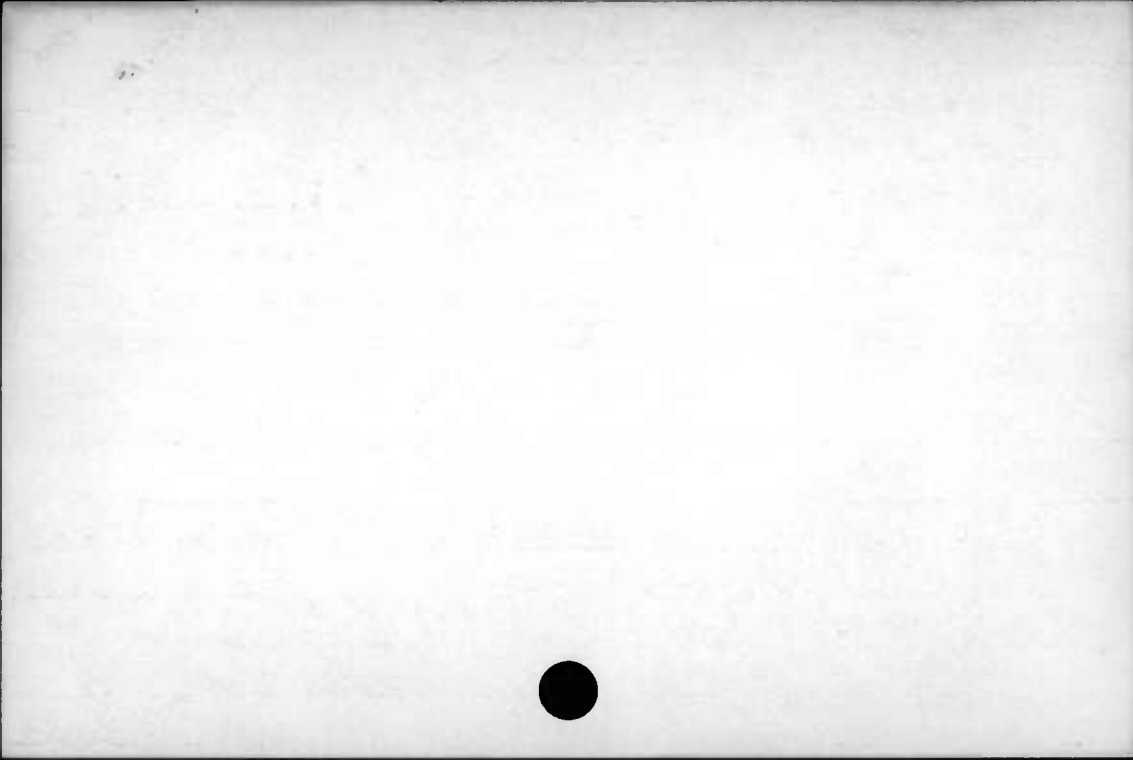
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Severn</u> Town		County <u>Anne Arundel</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>5</u>	Day <u>5</u>	Age <u>—</u> Years	Months <u>11</u>	Days <u>23</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
<del>Married, Single</del> <del>Widowed</del>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm Griffith</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sarah Jackson</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Edward Griffith</u>			How related to deceased <u>niece</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Broncho-pneumonia</u>	How long	<u>seven days</u>
Immediate	<u>traumatic convulsions</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R. A. Hammond</u>	
		Address <u>Jessup Md.</u>	
Accident or Suicide? <u>No</u>			



Name  
in  
Full

Mary Francis Griner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shady Side</i> <small>Town</small>		<i>A. A.</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>5</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>16</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>House Wife</i>				
Name of Wife or Husband <i>Charles William Griner</i>					
Father's Name <i>Richard H. Trott</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Engie Craydell</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Charles William Griner</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Double Pneumonia</i>	How long <i>Two Weeks</i>
Immediate <i>Acute Peritonitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. C. B. Boyd</i>
	Address <i>Shady Side Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Amos Hall

Died at Greenock TownA. A. County

MARYLAND

Date of death 190 3 May 18Abn Years 1 Age

Months

Days

Sex MaleColor or  
RaceBlackBirth-  
placeGreenockMarried, Single  
or WidowedSingle

Occupation

CookName of Wife or  
HusbandFather's  
NameJohn HallFather's  
BirthplaceDon't knowMother's  
Maiden NameFellie HallMother's  
BirthplaceA. A. Co.Name of person giving  
In formationJohn CrickHow related  
to deceasedNone

## CAUSES OF DEATH

Primary

Pertussis

How long

8

Immediate

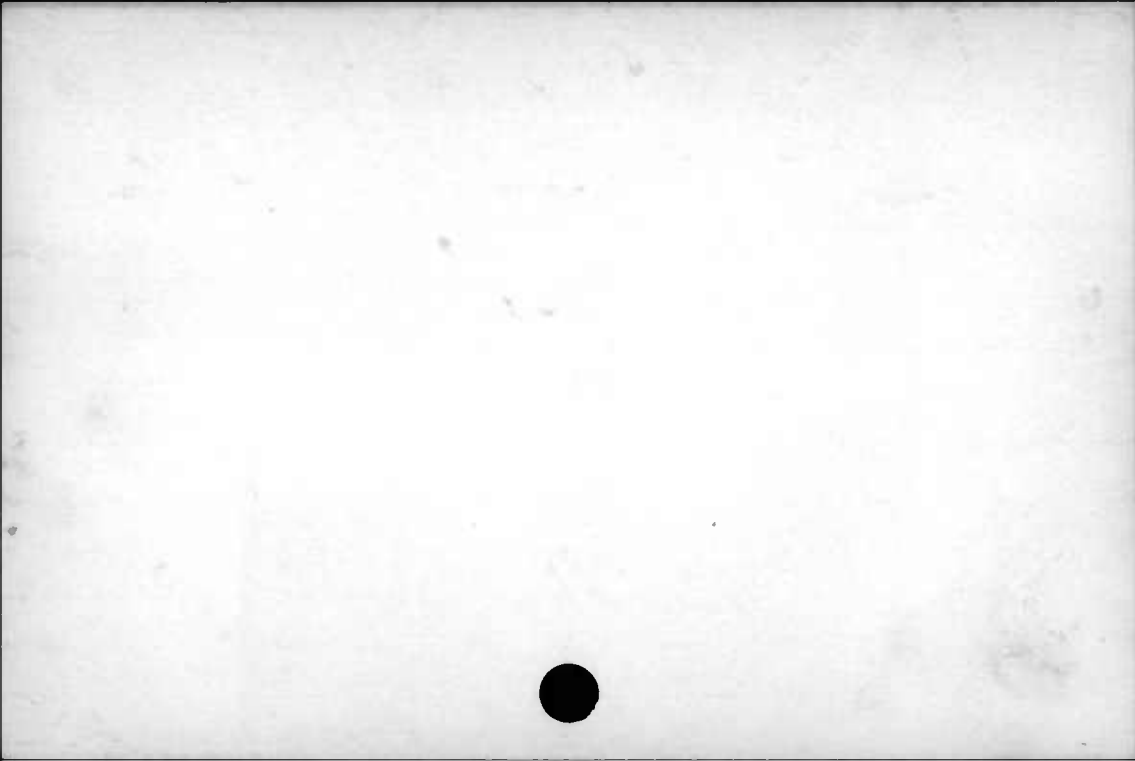
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

No physician in attendance

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

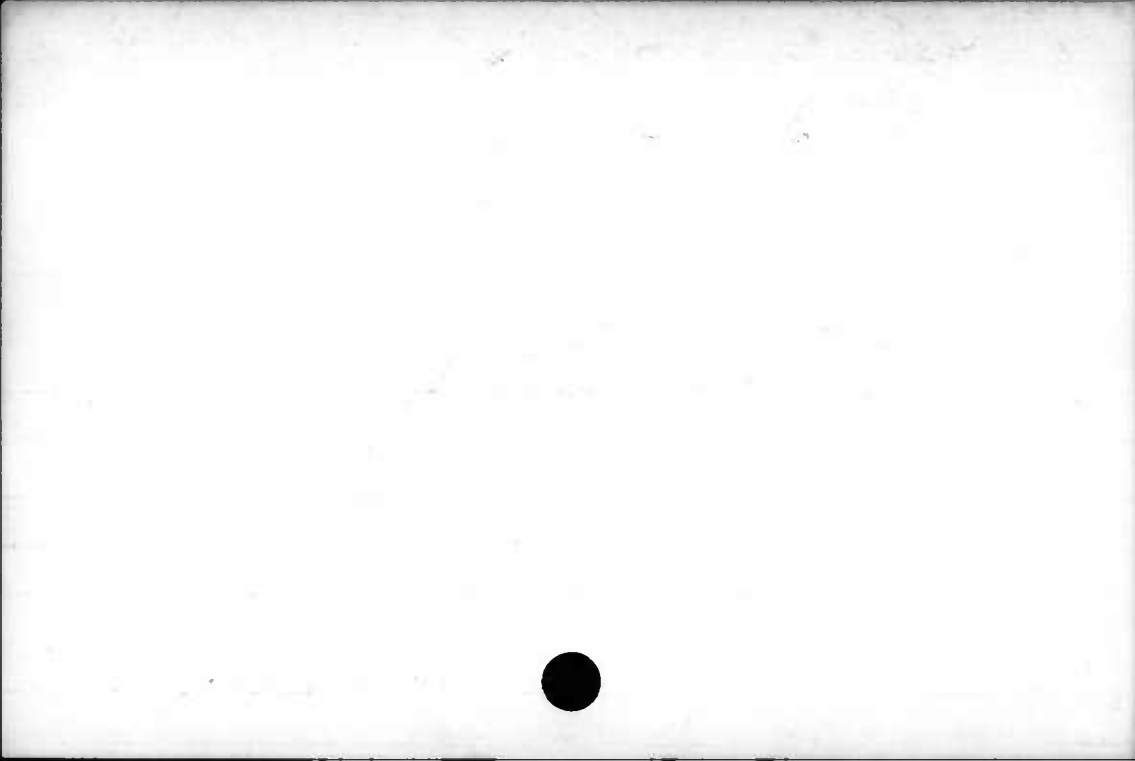
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prump</i> Town <i>(M.A.C.)</i> County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>K90</i> <i>3</i> Month <i>5</i> Day <i>3</i>	Age <i>28</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Cuba</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>—</i>		How related to deceased <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>5 days</i>
Immediate <i>Syncope</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C.D. Carrier</i>
	Address <i>Physician in charge of McKays of Correction - Prump - Md</i>
Accident or Suicide?	



Name  
in  
Full

Eveline Elizabeth Holliday

## CERTIFICATE OF DEATH

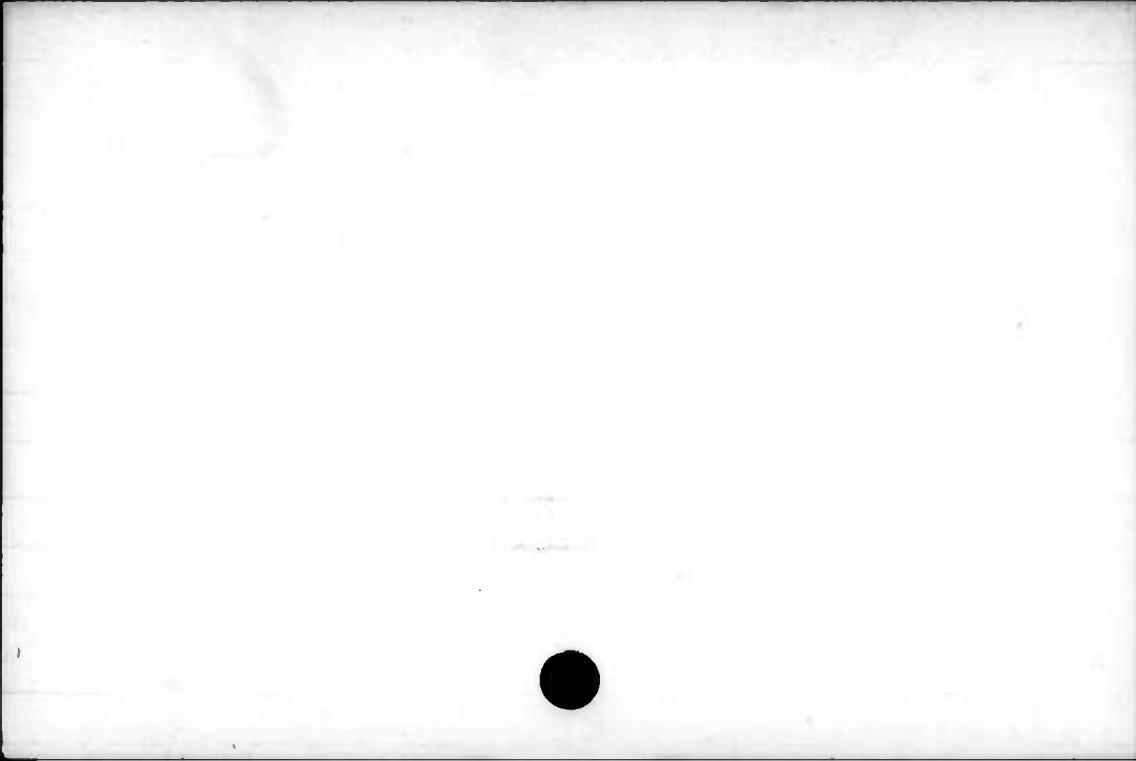
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tetanus	How long	2 days
Immediate	Spasms	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			



Name  
in  
Full

Miss Emily

Hopkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Rutland		Town		Anne Arundel		County		MARYLAND	
Date of death 1909		Month 5		Day 23		Age 63		Years 3	
Sex female		Color or Race white		Birth-place Rutland Md					
Married, Single or Widowed single		Occupation Lady							
Name of Wife or Husband									
Father's Name James L Hopkins		Father's Birthplace Rutland							
Mother's Maiden Name Matilda A Hopkins		Mother's Birthplace Crownsville							
Name of person giving information Samuel S Hopkins		How related to deceased Brother							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	10 years
Immediate	Smear	How long	6 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W Dubois MD	
		Address Gamballs Md	
Accident or Suicide?			





Name  
in  
Full

Nicholas Jackson

## CERTIFICATE OF DEATH

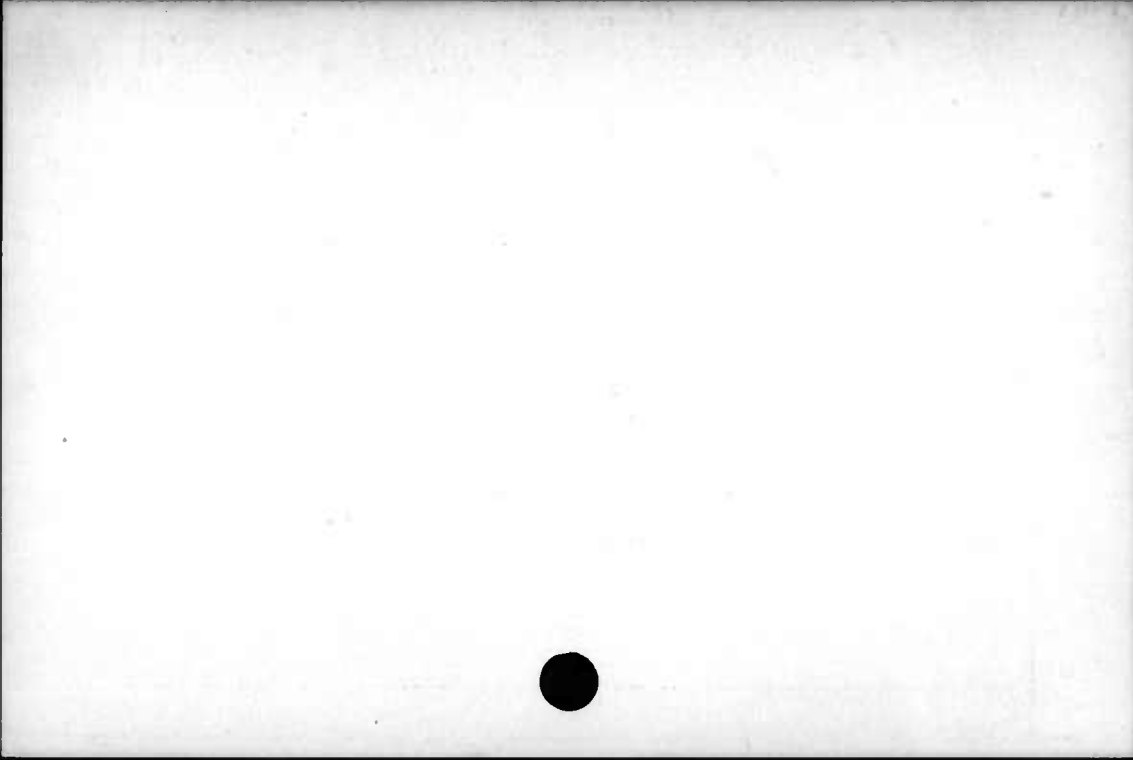
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Annopohs</i>		<sup>County</sup> <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>12</i>	th Age <i>80</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annopohs</i>		
Married, Single <del>or Widowed</del>			Occupation <i>Retired</i>		
Name of Wife or Husband					
Father's Name <i>Henry Jackson</i>			Father's Birthplace <i>Annopohs</i>		
Mother's Name <i>Mafinda Jackson</i>			Mother's Birthplace <i>Annopohs</i>		
Name of person giving information <i>J. A. Adams</i>			How related to deceased <i>Under Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>	How long <i>Six weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No. Physician</i>
<i>Yes</i>	Address <i>Investigated by Health Officer</i>
Accident or Suicide?	



Name  
in  
Full

Charles E. Johnson

## CERTIFICATE OF DEATH

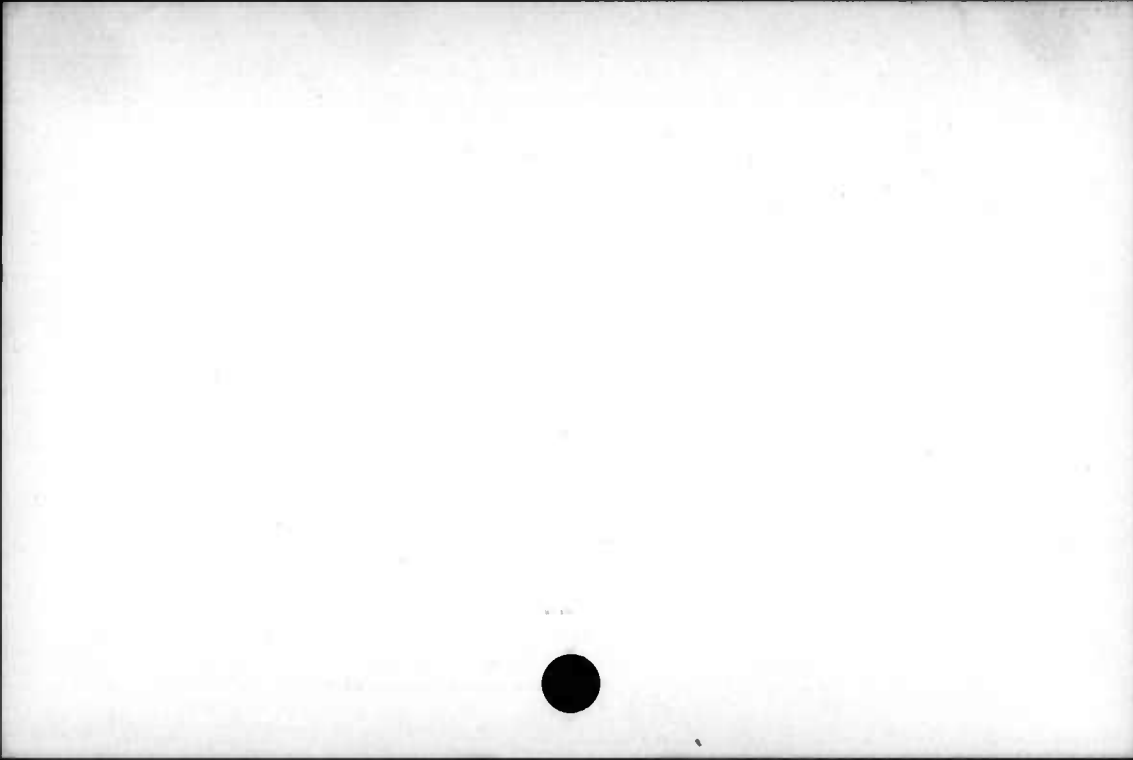
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County Act		MARYLAND	
Date of death 1903		Month May	Day 27 <sup>th</sup>	Age 37	Years		Months Days
Sex Male		Color or Race colored-		Birth- place Annapolis			
Married, Single or Widowed Married		Occupation Bar - Tender					
Name of Wife or Husband Jessie		banoll					
Father's Name Charles Johnson		Fether's Birthplace Annapolis					
Mother's Maiden Name Mary Johnson		Mother's Birthplace Annapolis					
Name of person giving in formation Wife		How related to deceased					

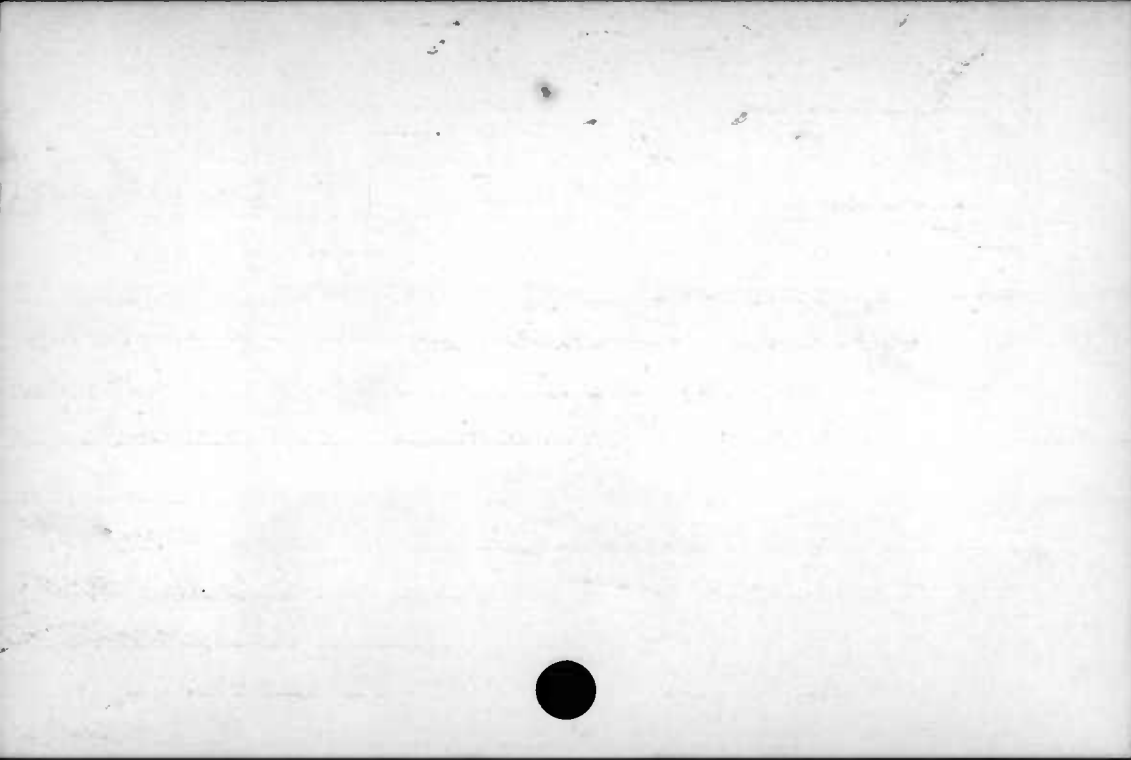
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Nephritis 120		How long	3 Months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout, M.D.		
yes		Address Annapolis Md		
Accident or Suicide?				



Name in Full		Joseph Long				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mo House of Correction, Jessup</i>		County <i>Anne Arundel</i>		MARYLAND	
		Date of death 1903	Month 5	Day 8	Age 24	Months —	Days —
		Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>MD</i>		
		Married, Single or Widowed <i>Single</i>		Occupation —			
		Name of Wife or Husband					
		Father's Name				100 Father's Birthplace	
		Mother's Maiden Name				Mother's Birthplace	
		Name of person giving In formation				How related to deceased	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Intestinal Obstruction</i>			How long <i>Six days</i>		
		Immediate <i>Spontaneous</i>			How long		
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>O. D. Carried</i>		
		<i>Yes</i>			Address <i>Physician in charge of</i> <i>Mo House of Correction Jessup MD</i>		
		Accident or Suicide?					



Name  
in  
Full

Regin Lowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Admiral</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>5</u>	Day <u>12</u>	Age <u>7 1/2</u> Years	Months <u>2</u>	Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, <u>Single</u> or <u>Widowed</u>			Occupation		
Name of Wife <u>Emma Lowman</u>					
Father's Name <u>Matthias Lowman</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Anna Short</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Henry Shoemaker</u>			How related to deceased <u>Brother-in-law</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Endocarditis</u>	How long	<u>nine months</u>
Immediate	<u>syncope</u>	How long	<u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. A. Hammond</u>	
		Address <u>Jessup, Md.</u>	
Accident or Suicide? <u>No</u>			





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>East Brooklyn</u> <sup>Town</sup>		County <u>W. U.</u>		MARYLAND
	Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>23</u>	Age <u>—</u> Years	Months <u>7</u> Days <u>—</u>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>East Brooklyn</u>	
	Married, Single or Widowed			Occupation	
	Name of Wife or Husband				
	Father's Name <u>Joe Lysakowski</u>			Father's Birthplace <u>Germany</u>	
	Mother's Maiden Name <u>Louisa Stoltz</u>			Mother's Birthplace <u>Germany</u>	
Name of person giving information <u>Joe Lysakowski</u>			How related to deceased <u>Father</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Measles</u>			How long <u>3 days</u>	
	Immediate <u>Pneumonia</u>			How long <u>3 days</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>Thos. B. Horton M.D.</u>	
				Address <u>So. Baltimore, Md.</u>	
	Accident or Suicide? <u>—</u>				



Name  
in  
Full

Lula May Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County A A		MARYLAND	
Date of death 1903		Month May	Day 25 <sup>th</sup>	Age 8	Years	Months	Days
Sex Female		Color or Race colored		Birth- place Baltimore Md.			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name George Matthews				Father's Birthplace Baltimore Md.			
Mother's Maiden Name Gertrude Torsey				Mother's Birthplace Md.			
Name of person giving information Mother				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inberculosis	How long	One year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout Md	
3er		Address Annapolis Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

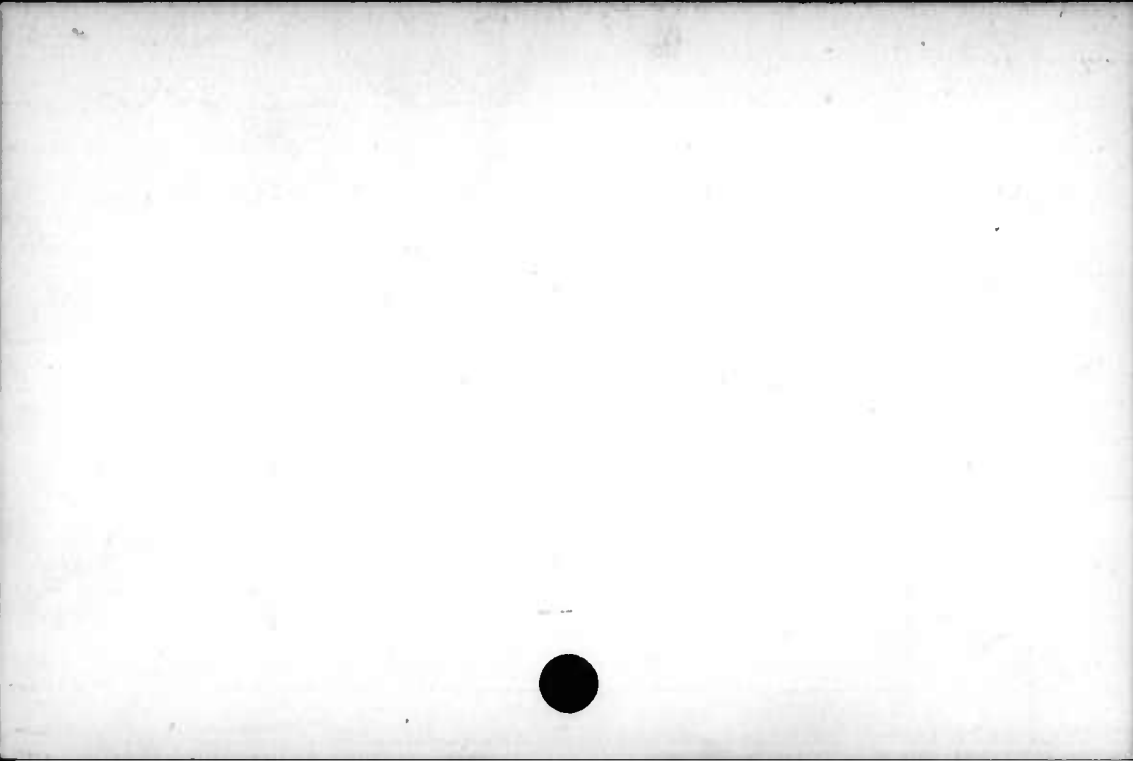
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>James Novotny</b>		Town <b>South Baltimore</b>		County <b>L.A.</b>		MARYLAND	
Died at		Month <b>May</b>		Day <b>11</b>		Years <b>—</b>	
Date of death 190 <b>3</b>		Age <b>—</b>		Months <b>8</b>		Days <b>—</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>So. Balto.</b>			
Married, Single or Widowed <b>—</b>				Occupation <b>—</b>			
Name of Wife or Husband <b>—</b>							
Father's Name <b>John Novotny</b>				Father's Birthplace <b>Bohemia</b>			
Mother's Maiden Name <b>Teresa Novak</b>				Mother's Birthplace <b>—</b>			
Name of person giving information <b>John Novotny</b>				How related to deceased <b>Father</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Infantile Convulsions</b>	How long	<b>Dead when arrived</b>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>Thos. B. Horton M.D.</b>	
<b>yes</b>		Address <b>So. Balto. Md</b>	
Accident or Suicide?			
<b>no</b>			



Name  
in  
Full

California Oak Smith

## CERTIFICATE OF DEATH

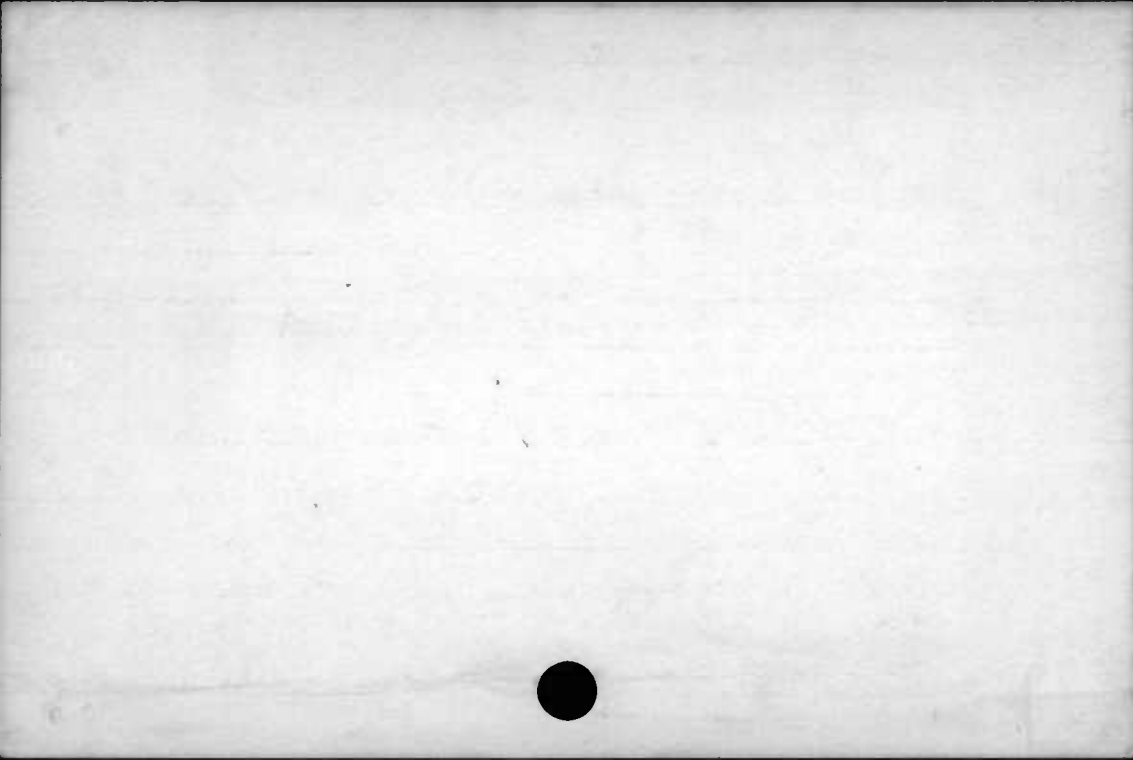
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	20 Several years
Immediate	Heart Failure	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Sewell S. Hephurn	
		Address	
		Annapolis Md.	
Accident or Suicide?			





Name  
in  
Full

Francina Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Ad</i>		MARYLAND	
Date of death 1903		Month <i>May</i>		Day <i>9<sup>th</sup></i>		Age Years <i>59</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Pennsylvania</i>			
Married, Single or Widowed		Occupation <i>House-wife</i>					
Name of Wife or Husband <i>John Parker</i>							
Father's Name <i>Wm Purdy</i>		Father's Birthplace <i>Pennsylvania</i>					
Mother's Maiden Name <i>Mary Purdy</i>		Mother's Birthplace <i>Id</i>					
Name of person giving In formation <i>Husband</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Gastritis</i>		How long <i>Months</i>	
Immediate <i>Asthma</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name  
in  
Full

R. W. L. Parrish

## CERTIFICATE OF DEATH

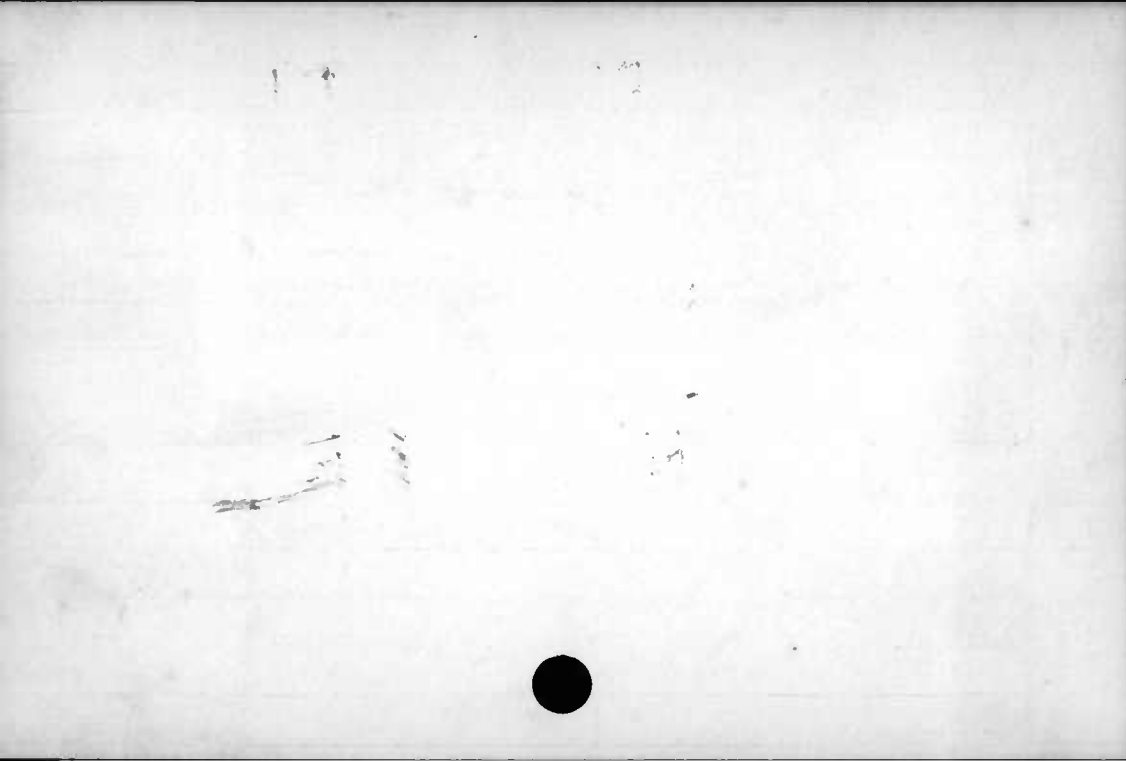
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>May</i>	Day <i>7</i>	Age <i>39</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Annapolis</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Sailor</i>			
Name of Wife or Husband <i>Dexter A Brangell</i>					
Father's Name <i>Robt. L. Parrish</i>				Father's Birthplace <i>A. A. Co</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving Information <i>Wife</i>				How related to deceased <i>Wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accidental Drowning</i>	How long <i>17 1/2</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Charles G. Feldman M.D.</i>
	Address <i>Acting Coroner Annapolis Maryland</i>
Accident or Suicide? <i>Accident</i>	



Name in Full

Certificate of Death

Mabel Phelps

Town

County

Died at Odenton Anne Arundel

MARYLAND

1903 Month Day Y. M. D. Native of Occupation  
 Date 1903 May 17 Age 9 M.D.  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
of

Wife

Father's  
Name

Byron Phelps

Mother's  
Name

Addie Phelps

Cause of

Primary

Diphtheria

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Sam. H. Anderson M.D.

Address

Woodwardville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 45948



Name in Full

Certificate of Death

Noah Queen

Died at <sup>Town</sup> Harmanus <sup>County</sup> Anne Arundel MARYLAND

Date 19 <sup>Month</sup> 03 <sup>Day</sup> May 17 Age <sup>Y.</sup> 25 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Annetundelg Railroad <sup>Occupation</sup>

Male ~~White~~ Married ~~Widow~~ Divorced ~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2 1

Husband of ~~Wife~~ 1856 Queen

Father's Name Edward Queen Mother's Name ~~Maiden Name~~ Charity Hall

Cause of Death { Primary Immediate Struck by Engine 166. How long sick Accident, Suicide, Homicide

Reported by A. R. Williamson

Address Eekridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Virginia Rawlings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Litchie's</u> <small>Town</small>		<u>Anne</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>29</u>	Age <u>33</u>	Months <u>    </u>	Days <u>    </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Andrew Rawlings</u>					
Father's Name <u>Richard Achley</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Mary Dorsey</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Andrew Rawlings</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary tuberculosis</u>	How long <u>2 years</u>
Immediate <u>Pulmonary haemorrhage</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. N. Perrie</u>
	Address <u>McKenzie, Ind.</u>
Accident or Suicide? <u>    </u>	



### Certificate of Death

Died at <i>Annapolis,</i>		Town <i>Annapolis,</i>		County <i>Anne Arundel,</i>		MARYLAND	
Date <i>1903</i>	Month <i>May</i>	Day <i>10<sup>th</sup></i>	Y. <i>10</i>	M. <i>-</i>	D. <i>-</i>	Native of <i>Maryland</i>	Occupation <i>Child</i>
<del>Male</del>	<del>White</del>	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
Female	Colored	Single	<del>Widow</del>	<del>Number of children living</del>			

~~Husband~~ <sup>Mr</sup>  
~~Wife~~

Father's Name Henry Roberts Mother's Name Julia Gardner

Cause of	Primary	Nephritis.	How long sick	8 months.
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by *F. H. Thompson M.A.*  
Address *193 Church St. Annapolis, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name  
in  
Full

Catherine Robinson

## CERTIFICATE OF DEATH

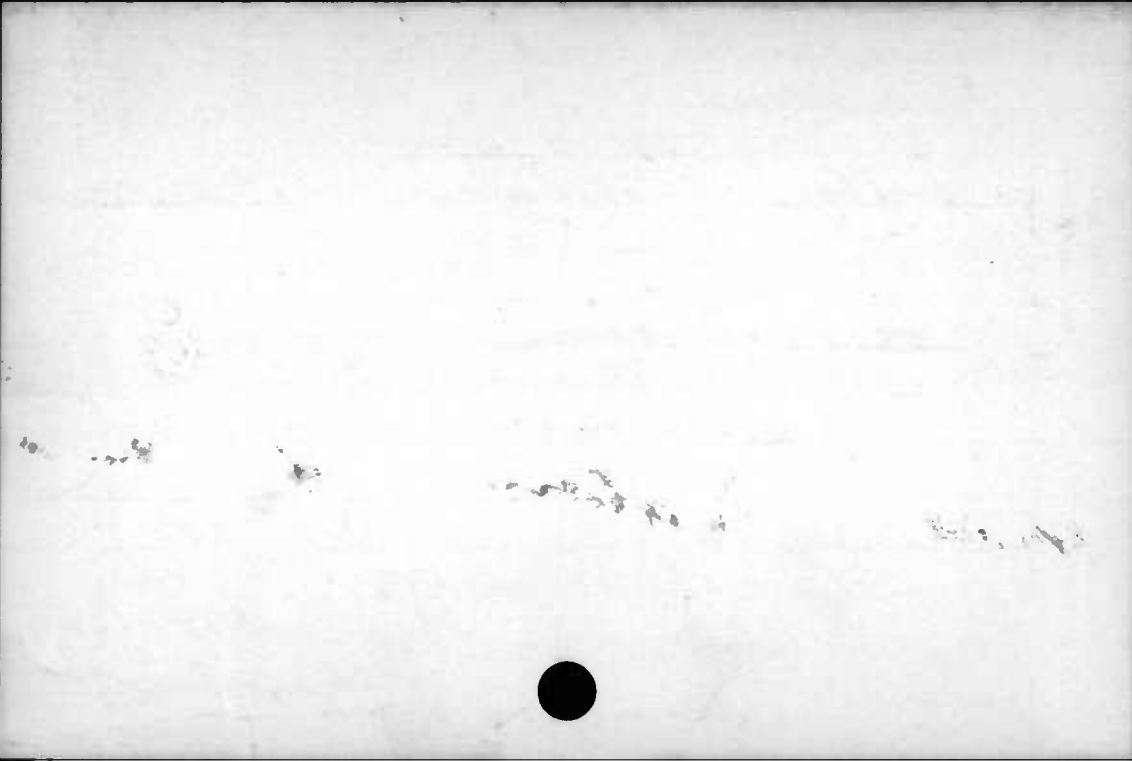
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart disease	How long	10 years
Immediate	Paralysis of the brain	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

William H Roles

CERTIFICATE OF DEATH

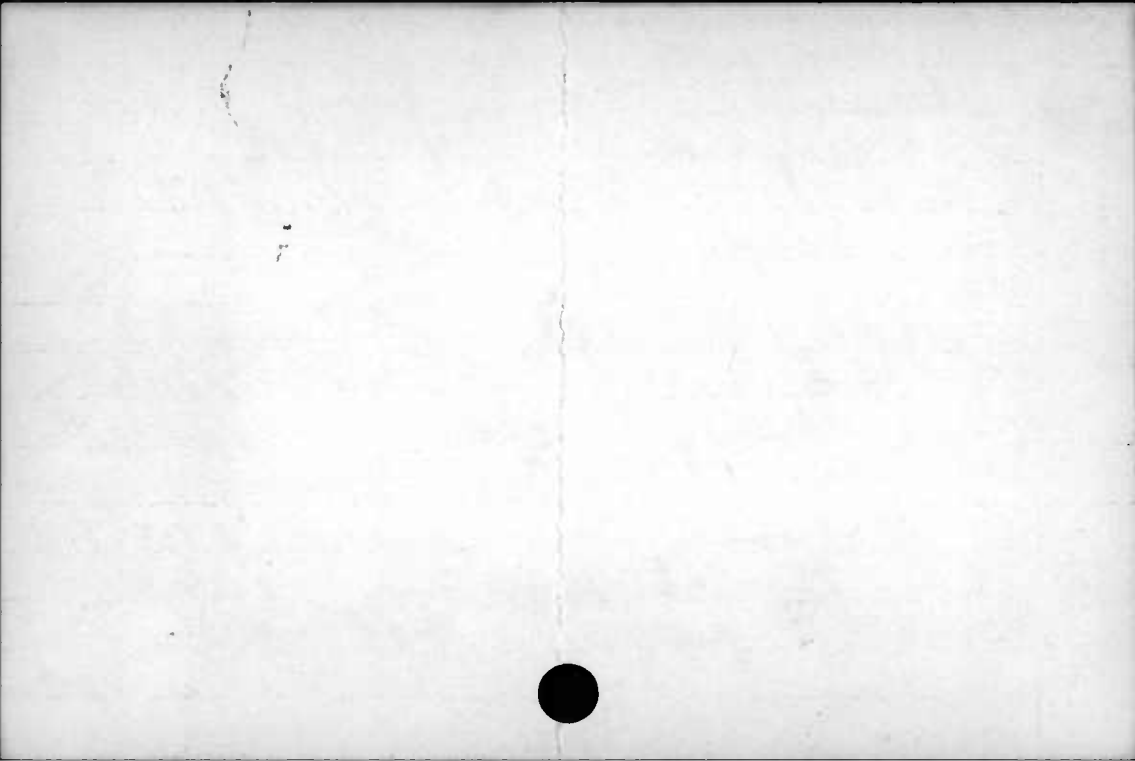
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pasadena		County A A		MARYLAND	
Date of death 1903		Month May	Day 29	Age 5-	Years	Months	Days 14
Sex male		Color or Race white		Birth- place Pasadena			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name George F Roles				Father's Birthplace A A Co			
Mother's Maiden Name Mammie Boone				Mother's Birthplace A A Co			
Name of person giving In formation George F Roles				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Measles		How long 1 week	
Immediate Congestion Lungs		How long 1 day	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thomas H. Bayshaw	
		Address Glen Burnie	
Accident or Suicide?			





Name  
in  
Full

George Ishmael Scott

CERTIFICATE OF DEATH

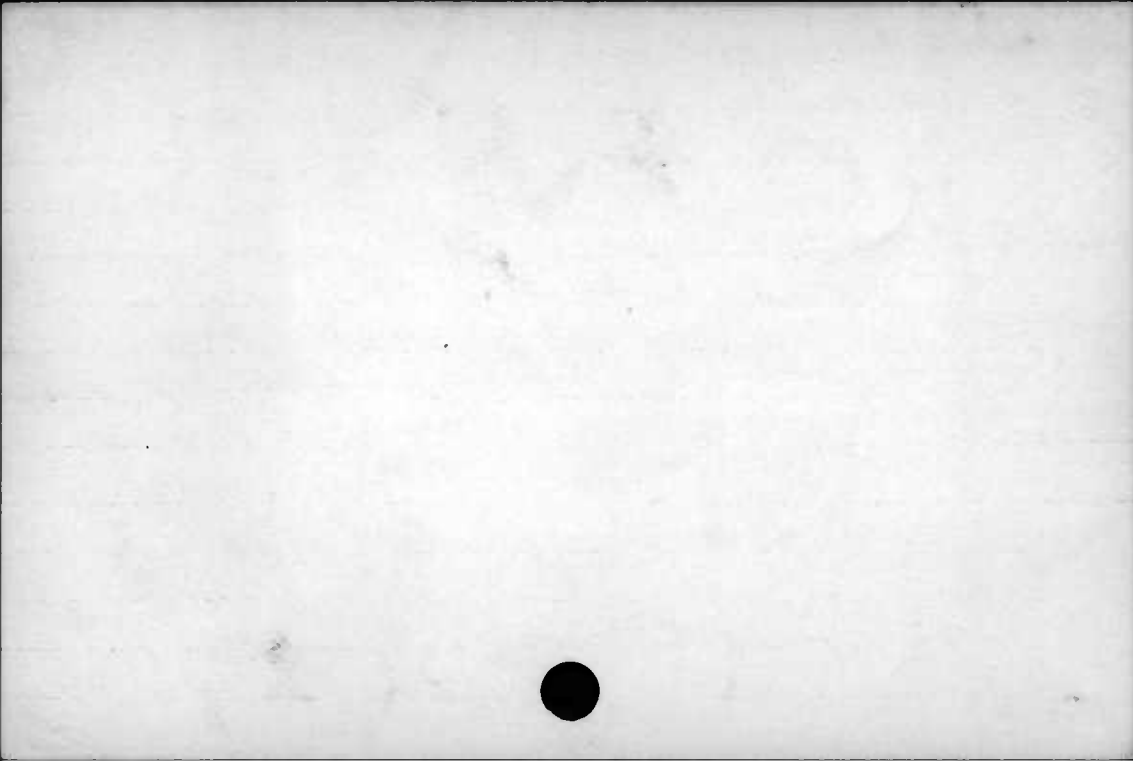
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shady Side</i> Town		<i>a. a.</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>12</i>	Age <i>40</i> Years	Months <i>—</i>	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Cysterman</i>				
Name of Wife or <del>Husband</del> <i>Maria Louisa Scott</i>					
Father's Name <i>Jacob Scott</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Matilda Thompson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Maria Louisa Scott</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Disease with Dropsy</i>	How long <i>79</i>	How long <i>Eight Weeks</i>
Immediate <i>Dyspnoea</i>	How long <i>Eight Weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. C. B. Boyd</i>	
	Address <i>Shady Side Md.</i>	
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <u>Early Seelman</u>		Town <u>Bristol</u>		County <u>Anne Arundel</u>		MARYLAND	
Died at		Date of death 190 <u>3</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>3</u>		Age <u>5</u> <sup>Years</sup>		<u>    </u> <sup>Months</sup> <u>    </u> <sup>Days</sup>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Single</u>				Occupation <u>    </u>			
Name of Wife or Husband <u>    </u>							
Father's Name <u>Bastard — don't know</u>				Father's Birthplace <u>    </u>			
Mother's Maiden Name <u>Sarah Seelman</u>				Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>John Seelman</u>				How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis</u>		How long <u>3 weeks</u>	
Immediate <u>Broncho-Pneumonia</u>		How long <u>1 week</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. N. Perrie,</u>	
		Address <u>McKendree, Ind.</u>	
Accident or Suicide? <u>    </u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

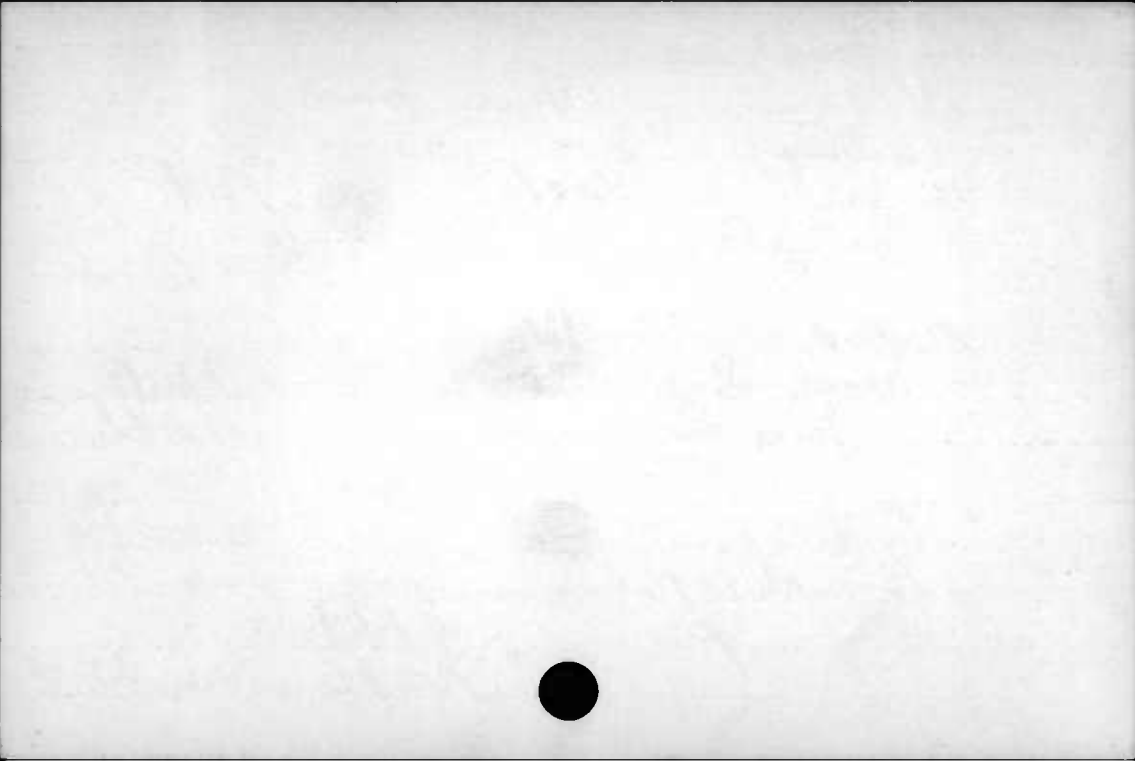
TO BE ANSWERED BY  
NEAREST FRIEND

John Henry Seelman		Town		County		MARYLAND	
Died at Darnestown		June		Arundel			
Date of death 190	3	Month	May	Day	15	Age	4
						Years	4
						Months	10
						Days	
Sex	Male	Color or Race	Black	Birth-place	Ind.		
Married, Single or Widowed	Single			Occupation			
Name of Wife or Husband							
Father's Name	Wesley Seelman				Father's Birthplace	Ind.	
Mother's Maiden Name	Mary Coates				Mother's Birthplace	Ind.	
Name of person giving information	Wesley Seelman				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	4 weeks.
Immediate	Boerhaave Pneumonia	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. H. Perrie
		Address	McKendree, Ind.
Accident or Suicide?			



Name  
in  
Full

Niktor Smarowski

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at So. Balto. <sup>Town</sup> a. a. <sup>County</sup> MARYLAND

Date of death 190 3 <sup>Month</sup> May <sup>Day</sup> 13 <sup>Age</sup> 58 <sup>Years</sup> Months Days

Sex male Color or Race white Birth-place Bohemia

Married, Single or Widowed Occupation

Name of Wife or Husband Wife in Bohemia - name unknown

Father's Name unknown Father's Birthplace —

Mother's Maiden Name Raphael Shymanski Mother's Birthplace —

Name of person giving information Raphael Shymanski How related to deceased neph

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Died suddenly How long —

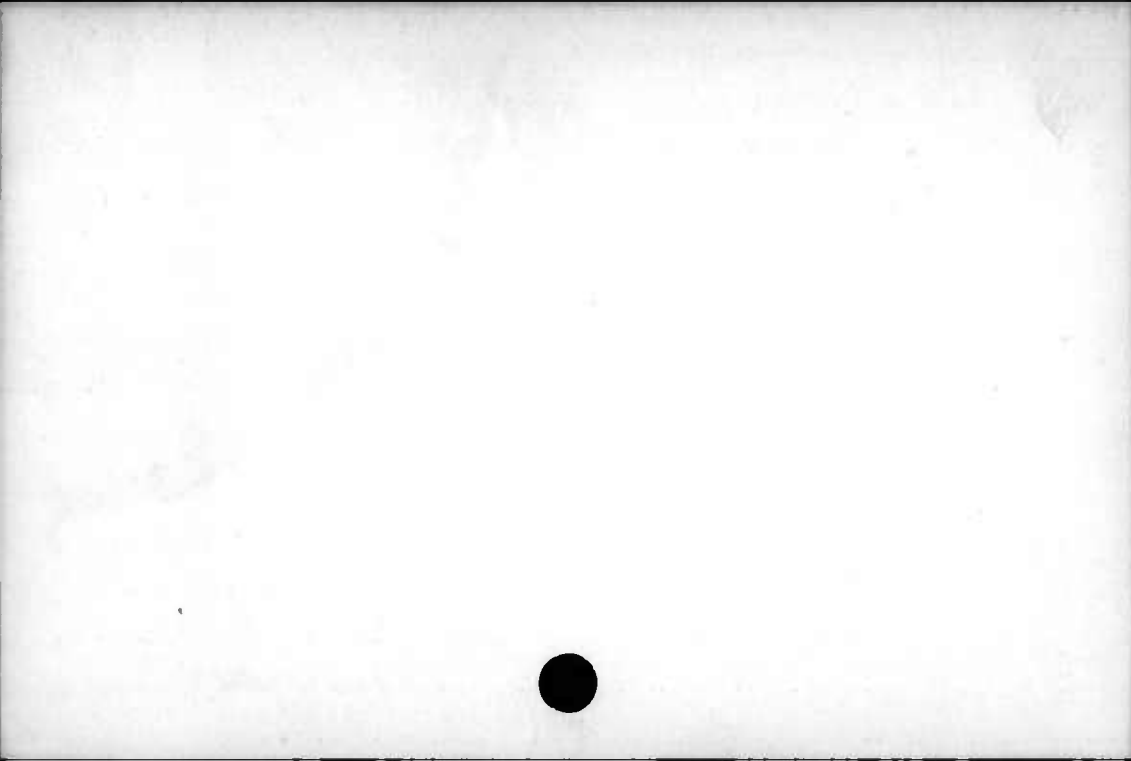
Immediate Paralysis of Heart How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Thos. B. Norton M.D.

Address So. Balto, Md

Accident or Suicide? —





Agness Spragg

Town

County

Died at

MARYLAND

Date 1903 May 14      Y. M. D.      Age 9      Native of Maryland      Occupation

~~Male~~      ~~White~~      ~~Married~~      ~~Widow~~      ~~Divorced~~

Female      Colored      Single      Widower      Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

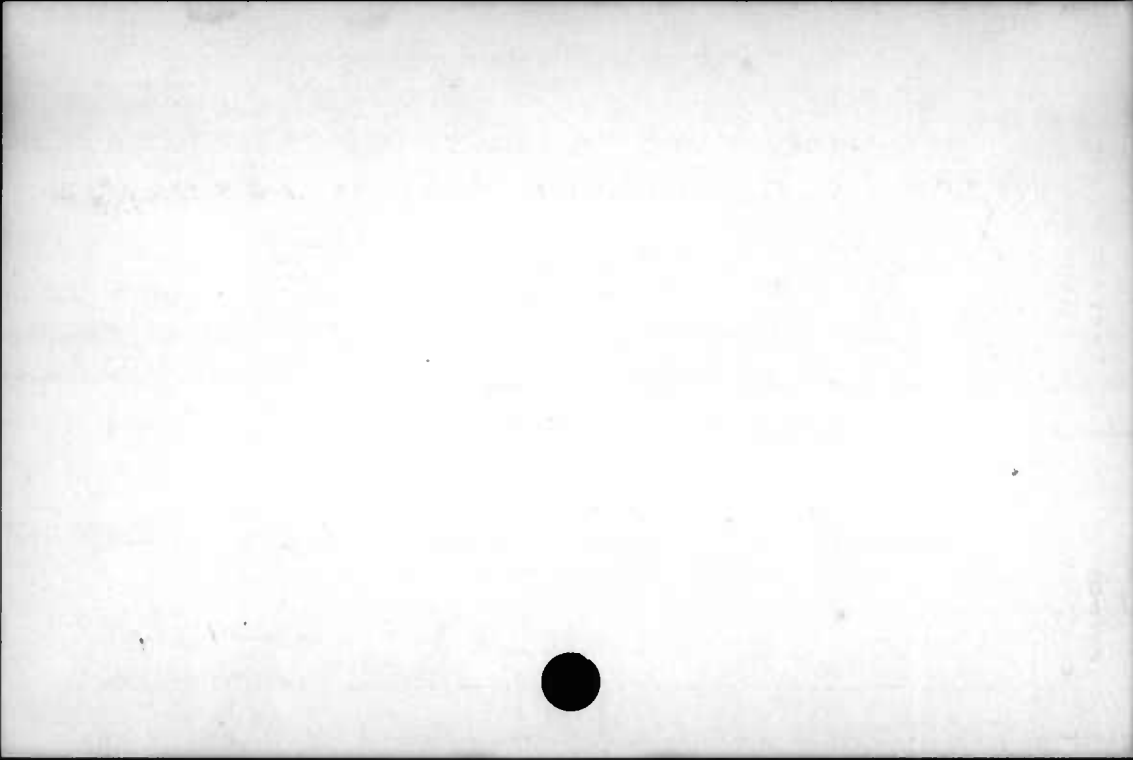
TO BE ANSWERED BY  
NEAREST FRIEND

Name *William S. Stepany*  
 Died at *Annapolis* *Anne Arundel* County **MARYLAND**  
 Date of death 190 *3* Month *May* Day *9<sup>th</sup>* Age *6-8* Months Days  
 Sex *Male* Color or Race *Colored* Birth-place *Calvert Co*  
 Married, ~~Single~~ *Widowed* Occupation *Clergyman*  
 Name of Wife or Husband *Ardenia Stepany*  
 Father's Name *Burpin Stepany* Father's Birthplace *Calvert Co*  
 Mother's Maiden Name *Susan / Eury* Mother's Birthplace *Maryland*  
 Name of person giving information *J. A. Adams / Headmaster* How related to deceased

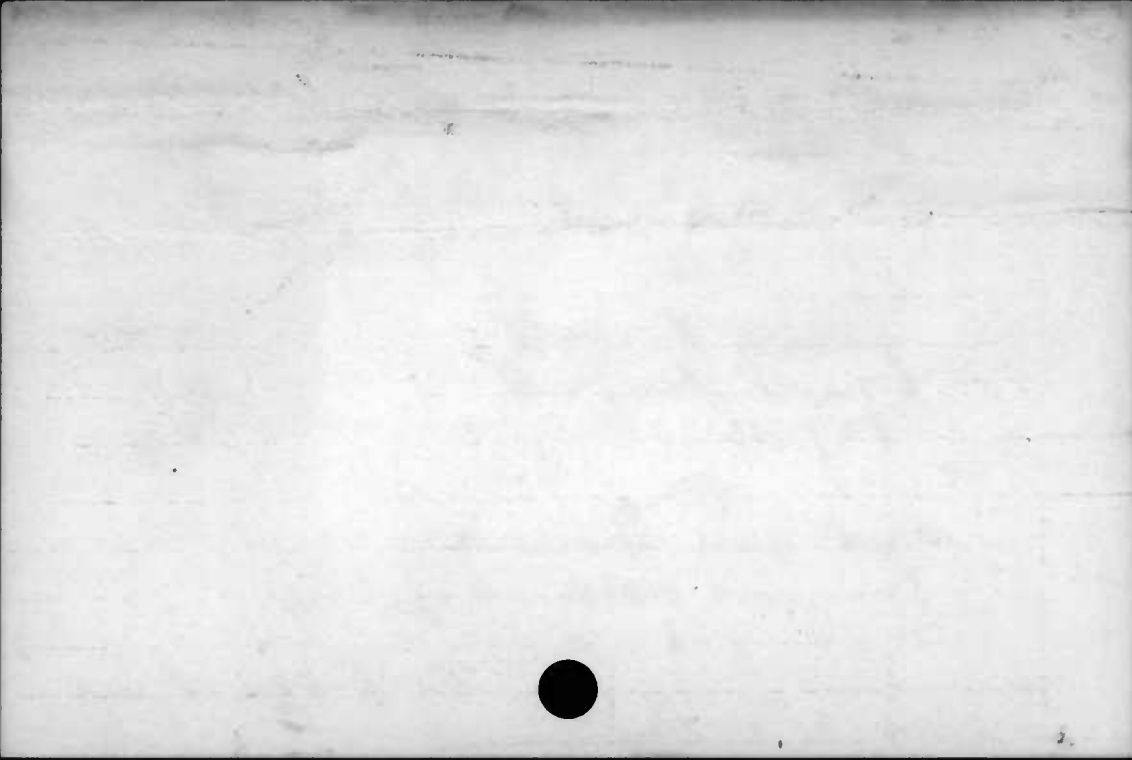
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular Disease of the heart* How long *Three years*  
 Immediate *Exhaustion* How long  
 Are the name, age, sex, color, date and place correctly given above? *yes 79* Signature of Physician *J. H. Campbell M.D.*  
 Address *Annapolis Md*  
 Accident or Suicide?



Name in Full		Annelia Virginia Street				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Benfield</i> <small>Town</small>		<i>Anne Dundel</i> <small>County</small>		MARYLAND	
		Date of death 1903 <i>May</i> <small>Month</small>		<i>18</i> <small>Day</small>		<i>Age 66</i> <small>Years</small>	
		<i>11</i> <small>Months</small>		<i>11</i> <small>Days</small>			
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
		Married, Single or Widowed <i>Married</i>		Occupation			
		Name of Wife or Husband <i>John L. Street</i>					
		Father's Name <i>Mr. Galloway</i>		Father's Birthplace <i>Dorchester</i>			
		Mother's Maiden Name <i>Lizdsey</i>		Mother's Birthplace			
Name of person giving information <i>Charles A. Street</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Apoplexy</i>				How long <i>2 days</i>	
		<i>but</i>				How long	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>H. B. Gantt</i>	
						Address <i>Millsville Md</i>	
		Accident or Suicide?					



Name  
in  
Full

Hm. Talbott

## CERTIFICATE OF DEATH

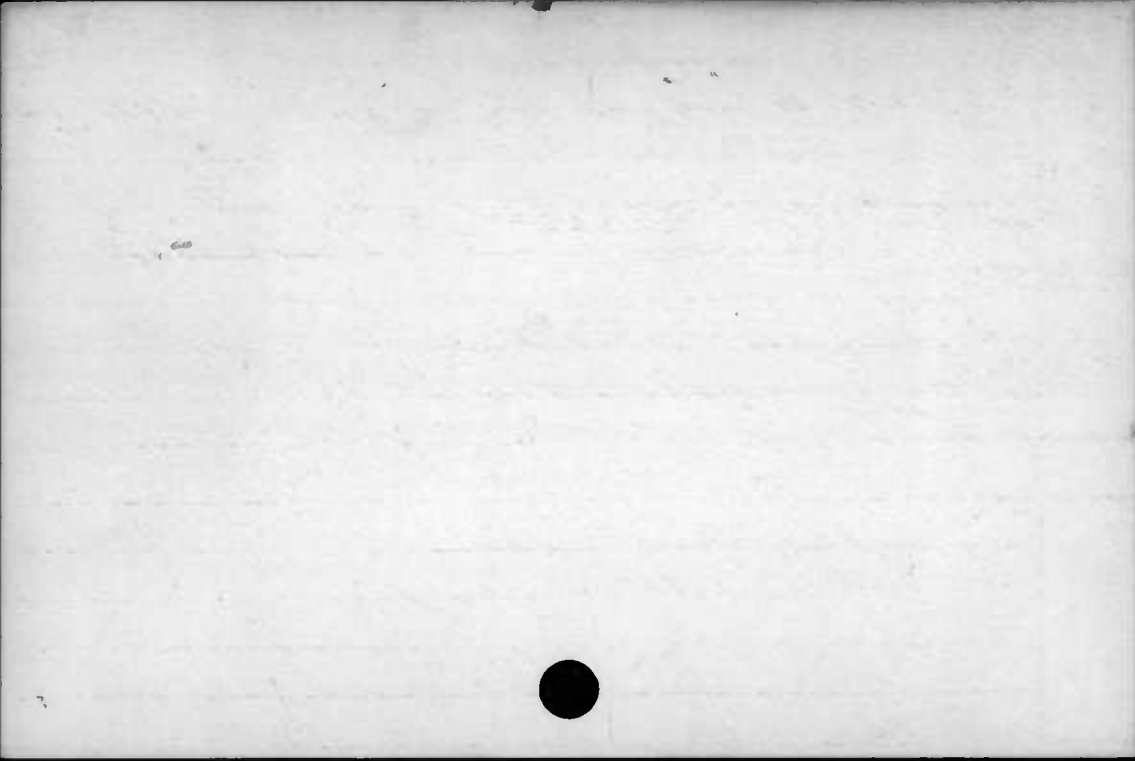
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Solley</u> Town		<u>AA</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>5-</u>	Day <u>30</u>	Age <u>13</u>	Months <u>   </u>	Days <u>   </u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ma</u>			
Married, Single or <del>Widowed</del>		Occupation <u>Labourer</u>			
Name of Wife or Husband					
Father's Name <u>Jerry Talbott</u>			Father's Birthplace <u>Ma</u>		
Mother's Maiden Name <u>Jane Talbott</u>			Mother's Birthplace <u>Ma</u>		
Name of person giving information <u>J W Solley</u>			How related to deceased <u>No</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Shot gun wound</u>	How long <u>   </u>
Immediate <u>Internal hemorrhage</u>	How long <u>   </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Hm. L. Hawkins</u>
Accident or <del>Suicide</del> ?	





Name  
in  
Full

Otto Tauber

## CERTIFICATE OF DEATH

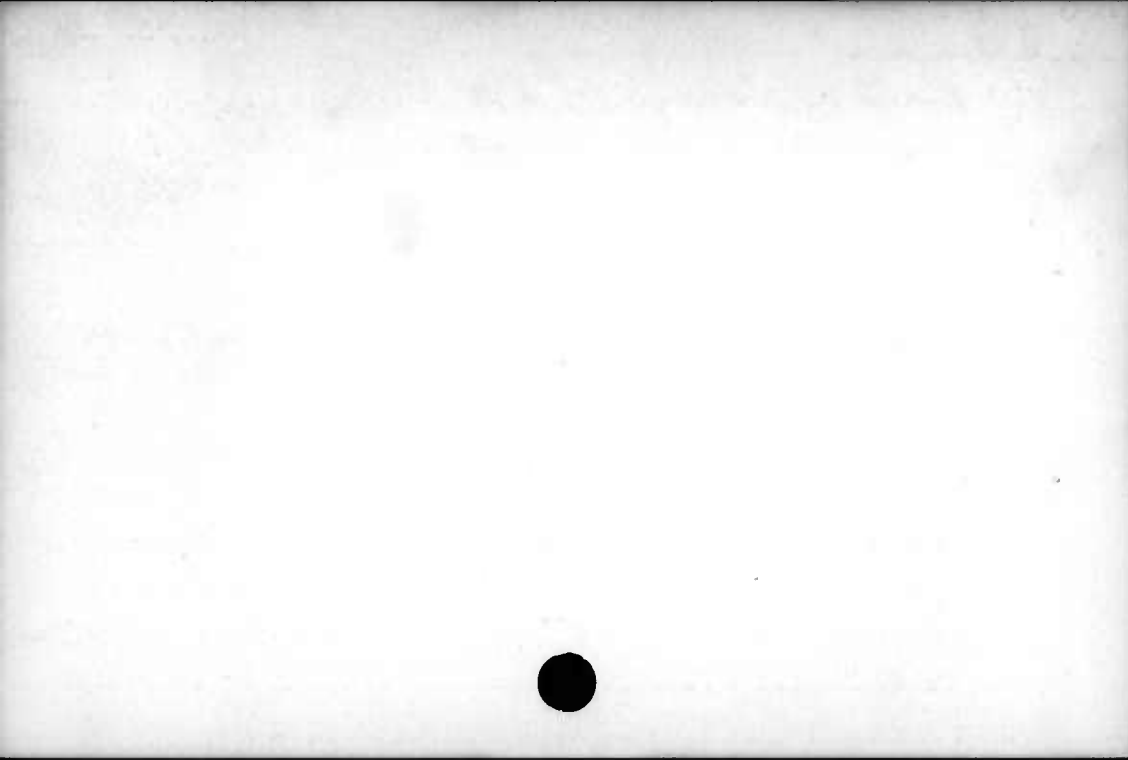
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>So. Balto.</i>		<i>A. A.</i>		MARYLAND	
Date of death 190	3	Month May	Day 17	Age Years	6
Sex	Male		Color or Race	White	Birth- place
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Fether's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Measles</i>	How long	<i>4 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?			



Merle Tucker

Town

County

Died at

Mayo

Anne Arundel

MARYLAND

Month

Day

Y.

M.

D.

Native

Occupation

Date 19

03

May 12

Age

1 1/2

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Edward Tucker

Mother's

Maiden Name

Rebecca Smith

Cause of

Primary

Tuberculosis

How long sick

2 months

Death

Immediate

Convulsions 27

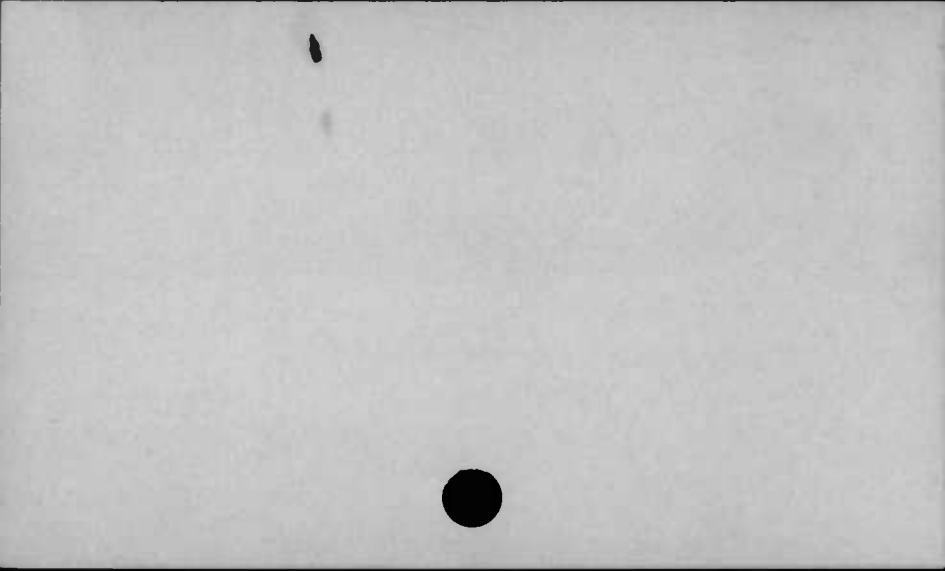
Accident, Suicide, Homicide

Reported by

John Collinson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

George Whitting

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>South Baltimore</u> <sup>Town</sup>		<u>AA</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>5-</u>	Day <u>1</u>	Age <u>40</u> <sup>Years</sup>	Months <u>    </u>	Days <u>    </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>Labourer</u>			
Name of Wife or Husband <u>    </u>					
Father's Name <u>George H Whitting</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>    </u>			Mother's Birthplace <u>    </u>		
Name of person giving information <u>Thomas B Hartin</u>			How related to deceased <u>79</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis of the heart</u>	How long <u>79</u>
Immediate <u>Heart Failure</u>	How long <u>    </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Hawkins Cor</u>
	Address <u>Brooklyn MD</u>
Accident or Suicide? <u>    </u>	

